

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

National Nurses United for Patient Protection

ADDRESS (number and street)

888 16th Street, NW

Suite 640

Check if different
than previously
reported. (ACC)

Washington

DC

20006

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00490375

3. IS THIS
REPORTNEW
(N)**OR**AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report(Q1)July 15
Quarterly Report(Q2)October 15
Quarterly Report(Q3)January 31
Quarterly Report(YE)July 31 Mid-Year
Report(Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

11

02

2010

in the
State of

CA

5. Covering Period

10

14

2010

through

11

22

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Carolyn Hietamaki

Signature of Treasurer

Electronically Filed by Carolyn Hietamaki

Date

03

16

2011

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name

National Nurses United for Patient Protection

Report Covering the Period:

From:

M M
1 0D D
1 4Y Y Y Y
2 0 1 0

To:

M M
1 1D D
2 2Y Y Y Y
2 0 1 0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 Y Y Y Y 2010		0.00
(b) Cash on Hand at Beginning of Reporting Period	56553.00	
(c) Total Receipts (from Line 19)	160500.00	460500.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	217053.00	460500.00
7. Total Disbursements (from Line 31)	210160.21	453607.21
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6892.79	6892.79
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name

National Nurses United for Patient Protection

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	150000.00	450000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	150000.00	450000.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	10500.00	10500.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	160500.00	460500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	160500.00	460500.00

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	18277.00	211724.00	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	18277.00	211724.00	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	191883.21	191883.21	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	50000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	210160.21	453607.21	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	210160.21	453607.21	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	150000.00	450000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	150000.00	450000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	18277.00	211724.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	10500.00	10500.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7777.00	201224.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

A.

Full Name (Last, First, Middle Initial)

National Nurses United

Mailing Address 888 16th Street, NW
Suite 640

City

Washington

State

DC

Zip Code

20006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

450000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: C2839376

Amount of Each Receipt this Period

150000.00

SUBTOTAL of Receipts This Page (optional)

150000.00

TOTAL This Period (last page this line number only)

150000.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 22

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

A.

Full Name (Last, First, Middle Initial)

Victoria Research & Consulting

Mailing Address PO Box 5902

City

Takoma Park

State

MD

Zip Code

20913

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

10500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	7		2	0	1	0

Transaction ID: C2839375

Amount of Each Receipt this Period

10500.00

Refund of payment on 10/1-
3/10

SUBTOTAL of Receipts This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

10500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

A.

Full Name (Last, First, Middle Initial)

Campaign Workshop

Mailing Address 1129 20th Street, Suite 200

City Washington State DC Zip Code 20036

Purpose of Disbursement
Printing for PAC

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D350577

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

11200.00

B.

Full Name (Last, First, Middle Initial)

Fingerhut Granados Opinion Research

Mailing Address 1775 Pennsylvania Avenue, NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Polling

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

Transaction ID: D350576

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

5742.00

C.

Full Name (Last, First, Middle Initial)

JP Morgan Chase

Mailing Address 350 20th Street

City Oakland State CA Zip Code 94612

Purpose of Disbursement
Banking fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: D350628

Date of Disbursement

11 / 09 / 2010

Amount of Each Disbursement this Period

95.00

SUBTOTAL of Disbursements This Page (optional)

17037.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

National Nurses United for Patient Protection

A.

Full Name (Last, First, Middle Initial)

JP Morgan Chase

Mailing Address 350 20th Street

City
Oakland

State
CA

Zip Code
94612

Purpose of Disbursement

Bank fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D350572

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

25.00

B.

Full Name (Last, First, Middle Initial)

JP Morgan Chase

Mailing Address 350 20th Street

City
Oakland

State
CA

Zip Code
94612

Purpose of Disbursement

Bank fee

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: D350573

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

25.00

C.

Full Name (Last, First, Middle Initial)

Sadler Strategic Media

Mailing Address 12103 Viewcrest Road

City
Studio City

State
CA

Zip Code
91604

Purpose of Disbursement

Media production reimbursement (not IE expense)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: D350629

Date of Disbursement

11 / 17 / 2010

Amount of Each Disbursement this Period

1190.00

SUBTOTAL of Disbursements This Page (optional)

1240.00

TOTAL This Period (last page this line number only)

18277.00

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee Campaign Workshop		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 21 / 2010</div> </div>	
Mailing Address 1129 20th Street, Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">20000.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Washington</div> <div>State DC</div> <div>Zip Code 20036</div> </div>		Transaction ID: D345852	
Purpose of Expenditure Radio time buy		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 07 <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Tim Walberg		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">20000.00</div>	
Full Name (Last, First, Middle, Initial) of Payee Campaign Workshop		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>10 / 21 / 2010</div> </div>	
Mailing Address 1129 20th Street, Suite 200		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">10183.00</div>	
<div style="display: flex; justify-content: space-between;"> <div>City Washington</div> <div>State DC</div> <div>Zip Code 20036</div> </div>		Transaction ID: D345853	
Purpose of Expenditure Printing & mailshop services		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jeff Perry		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">11283.21</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">30183.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Carolyn Hietamaki Signature		Date <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YY</div> <div>03 / 16 / 2011</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee First Mark		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 1 / 0 1 / 2 0 1 0</div> </div>	
Mailing Address 25 Vintinner Road PO Box 1270		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">1100.21</div>	
City State Zip Code Campton NH 03223		Transaction ID: D345854	
Purpose of Expenditure Data processing serv- ices		Office Sought: <input checked="" type="checkbox"/> House State: MA <input type="checkbox"/> Senate District: 10 <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Jeff Perry		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">11283.21</div>	
Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0</div> </div>	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13768.35</div>	
City State Zip Code Minneapolis MN 55402		Transaction ID: D347163	
Purpose of Expenditure Radio production & time buy		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/ Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Patrick Murphy		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">68841.74</div>	
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">14868.56</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></div>	
(c) TOTAL Independent Expenditures		<div style="border: 1px solid black; height: 20px;"></div>	
<p>Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.</p>			
Carolyn Hietamaki Signature		Date <div style="display: flex; justify-content: space-between;"> <div>M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 1</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount 2134.47	
City State Zip Code Minneapolis MN 55402		Transaction ID: D347164	
Purpose of Expenditure Radio production & time buy		Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Colleen Hanabusa		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 10672.34		2010	
Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising		Date M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 1 0	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount 7059.25	
City State Zip Code Minneapolis MN 55402		Transaction ID: D347165	
Purpose of Expenditure Radio production & time buy		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ami Bera		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought 35296.25		2010	
(a) SUBTOTAL of Itemized Independent Expenditures		9193.72	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carolyn Hietamaki Signature		Date M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 1	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 13 / 22

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 1 0	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount 13768.35	
City State Zip Code Minneapolis MN 55402		Transaction ID: D347178	
Purpose of Expenditure Radio production & time buy		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Patrick Murphy		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 68841.74		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 1 0	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount 9320.00	
City State Zip Code Minneapolis MN 55402		Transaction ID: D347179	
Purpose of Expenditure Radio production & time buy		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Gary Peters		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 37280.00		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures		23088.35	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carolyn Hietamaki Signature		Date M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 1	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 1 0	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount 2134.47	
City State Zip Code Minneapolis MN 55402		Transaction ID: D347180	
Purpose of Expenditure Radio production & time buy		Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Colleen Hanabusa		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10672.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising		Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 1 0	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount 7059.25	
City State Zip Code Minneapolis MN 55402		Transaction ID: D347181	
Purpose of Expenditure Radio production & time buy		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Ami Bera		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 35296.25		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures		9193.72	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carolyn Hietamaki Signature		Date M M / D D / Y Y Y Y 0 3 / 1 6 / 2 0 1 1	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 15 / 22

FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 3 0</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">2127.42</div>	
City State Zip Code Minneapolis MN 55402		Transaction ID: D347182	
Purpose of Expenditure Radio production & time buy		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Hare		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px;">8509.67</div>			
Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 1 0</div> <div style="border: 1px solid black; padding: 2px;">D D 3 1</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 0</div> </div>	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">13768.35</div>	
City State Zip Code Minneapolis MN 55402		Transaction ID: D350554	
Purpose of Expenditure Radio production & time buy		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Patrick Murphy		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right; width: 150px;">68841.74</div>			
(a) SUBTOTAL of Itemized Independent Expenditures		<div style="border: 1px solid black; padding: 2px; text-align: right;">15895.77</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carolyn Hietamaki Signature		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M 0 3</div> <div style="border: 1px solid black; padding: 2px;">D D 1 6</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y 2 0 1 1</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 1</div> <div><small>D</small> <small>D</small> 0 1</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount 13768.35	
City State Zip Code Minneapolis MN 55402		Transaction ID: D350555	
Purpose of Expenditure Radio production & time buy		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Patrick Murphy		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 68841.74		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	

Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 1</div> <div><small>D</small> <small>D</small> 0 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount 13768.34	
City State Zip Code Minneapolis MN 55402		Transaction ID: D350556	
Purpose of Expenditure Radio production & time buy		Office Sought: <input checked="" type="checkbox"/> House State: PA <input type="checkbox"/> Senate District: 08 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Patrick Murphy		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 68841.74		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	

(a) SUBTOTAL of Itemized Independent Expenditures	27536.69
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki

Signature

Date

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SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 0</div> <div><small>D D</small> 3 1</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9320.00</div>	
City State Zip Code Minneapolis MN 55402		Transaction ID: D350557	
Purpose of Expenditure Radio production & time buy		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Gary Peters		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">37280.00</div>			

Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 0 1</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9320.00</div>	
City State Zip Code Minneapolis MN 55402		Transaction ID: D350558	
Purpose of Expenditure Radio production & time buy		Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Gary Peters		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">37280.00</div>			

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">18640.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki

Signature

Date

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SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			

Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising	Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 1</div> <div><small>D</small> <small>D</small> 0 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>
Mailing Address 1201 Fifteen Building 15 South Fifth	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">9320.00</div>
Transaction ID: D350560	
City State Zip Code Minneapolis MN 55402	Office Sought: <input checked="" type="checkbox"/> House State: MI <input type="checkbox"/> Senate District: 09 <input type="checkbox"/> Presidential
Purpose of Expenditure Radio production & time buy	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>
Name of Federal Candidate supported or Opposed by expenditure: Gary Peters	
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">37280.00</div>	

Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising	Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 3 1</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>
Mailing Address 1201 Fifteen Building 15 South Fifth	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2134.47</div>
Transaction ID: D350561	
City State Zip Code Minneapolis MN 55402	Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential
Purpose of Expenditure Radio production & time buy	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>
Name of Federal Candidate supported or Opposed by expenditure: Colleen Hanabusa	
Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">10672.34</div>	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">11454.47</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki
 Signature

Date

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SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising		Date MM / DD / YYYY 11 / 01 / 2010	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount 2134.47	
City State Zip Code Minneapolis MN 55402		Transaction ID: D350563	
Purpose of Expenditure Radio production & time buy		Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Colleen Hanabusa		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10672.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising		Date MM / DD / YYYY 11 / 02 / 2010	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount 2134.46	
City State Zip Code Minneapolis MN 55402		Transaction ID: D350564	
Purpose of Expenditure Radio production & time buy		Office Sought: <input checked="" type="checkbox"/> House State: HI <input type="checkbox"/> Senate District: 01 <input type="checkbox"/> Presidential	
Name of Federal Candidate supported or Opposed by expenditure: Colleen Hanabusa		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought 10672.34		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
(a) SUBTOTAL of Itemized Independent Expenditures		4268.93	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carolyn Hietamaki Signature		Date MM / DD / YYYY 03 / 16 / 2011	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼ C C00490375
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle, Initial) of Payee
 North Wood Advertising

Mailing Address
 1201 Fifteen Building
 15 South Fifth

City State Zip Code
 Minneapolis MN 55402

Purpose of Expenditure
 Radio production & time buy

Category/
 Type

Name of Federal Candidate supported or Opposed by expenditure:
 Ami Bera

Calendar Year-To-Date Per Election
 for Office Sought 35296.25

Date

M M / D D / Y Y Y Y
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Amount

7059.25

Transaction ID: D350565

Office Sought: ☒ House State: CA
☐ Senate District: 03
☐ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☐ Primary ☒ General
☐ Other (specify) : _____
 2010

Full Name (Last, First, Middle, Initial) of Payee
 North Wood Advertising

Mailing Address
 1201 Fifteen Building
 15 South Fifth

City State Zip Code
 Minneapolis MN 55402

Purpose of Expenditure
 Radio production & time buy

Category/
 Type

Name of Federal Candidate supported or Opposed by expenditure:
 Ami Bera

Calendar Year-To-Date Per Election
 for Office Sought 35296.25

Date

M M / D D / Y Y Y Y
 1 1 / 0 1 / 2 0 1 0

Amount

7059.25

Transaction ID: D350566

Office Sought: ☒ House State: CA
☐ Senate District: 03
☐ Presidential

Check One: ☒ Support ☐ Oppose

Disbursement For: ☐ Primary ☒ General
☐ Other (specify) : _____
 2010

(a) **SUBTOTAL** of Itemized Independent Expenditures

14118.50

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki
 Signature

Date

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 0 3 / 1 6 / 2 0 1 1

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ C C00490375	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 1</div> <div><small>D</small> <small>D</small> 0 2</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount 7059.25	
City State Zip Code Minneapolis MN 55402		Transaction ID: D350567	
Purpose of Expenditure Radio production & time buy		Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 03 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Ami Bera		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought 35296.25			
Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 1 0</div> <div><small>D</small> <small>D</small> 3 1</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 0</div> </div>	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount 2127.42	
City State Zip Code Minneapolis MN 55402		Transaction ID: D350569	
Purpose of Expenditure Radio production & time buy		Office Sought: <input checked="" type="checkbox"/> House State: IL <input type="checkbox"/> Senate District: 17 <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Hare		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____ 2010	
Calendar Year-To-Date Per Election for Office Sought 8509.67			
(a) SUBTOTAL of Itemized Independent Expenditures		9186.67	
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Carolyn Hietamaki Signature		Date <div style="display: flex; justify-content: space-between;"> <div><small>M</small> <small>M</small> 0 3</div> <div><small>D</small> <small>D</small> 1 6</div> <div><small>Y</small> <small>Y</small> <small>Y</small> <small>Y</small> 2 0 1 1</div> </div>	

SCHEDULE E (FEC Form 3X) **ITEMIZED INDEPENDENT EXPENDITURES**

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FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00490375</div>	
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice			
Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 0 1</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2127.42</div>	
City State Zip Code Minneapolis MN 55402		Transaction ID: D350570	
Purpose of Expenditure Radio production & time buy		Office Sought: <input checked="" type="checkbox"/> House State: <u>IL</u> <input type="checkbox"/> Senate District: <u>17</u> <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Hare		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">8509.67</div>		2010	

Full Name (Last, First, Middle, Initial) of Payee North Wood Advertising		Date <div style="display: flex; justify-content: space-between;"> <div><small>M M</small> 1 1</div> <div><small>D D</small> 0 2</div> <div><small>Y Y Y Y</small> 2 0 1 0</div> </div>	
Mailing Address 1201 Fifteen Building 15 South Fifth		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2127.41</div>	
City State Zip Code Minneapolis MN 55402		Transaction ID: D350571	
Purpose of Expenditure Radio production & time buy		Office Sought: <input checked="" type="checkbox"/> House State: <u>IL</u> <input type="checkbox"/> Senate District: <u>17</u> <input type="checkbox"/> Presidential	
Category/Type		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Name of Federal Candidate supported or Opposed by expenditure: Phil Hare		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) : _____	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">8509.67</div>		2010	

(a) SUBTOTAL of Itemized Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">4254.83</div>
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<div style="border: 1px solid black; padding: 2px; display: inline-block;">191883.21</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Carolyn Hietamaki

Signature

Date

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